

MRI Service Utilization List, November 1, 2023

MOBILE ROUTES #18 - #41

Reporting Period July 1, 2022 through June 30, 2023

Service ID BHS ID	Service Name	No. of Clinical Units <u>1</u>	No. of Visits	No. of AP <u>2</u>	Footnotes	No. of AAP
990259	Mobile #18	1	1,489	2,173		0
030032	Allegan General Hospital		28	55		
740030	Ascension River District Hospital		980	1,358		
390020	Bronson Methodist Hospital		472	742		
150021	Munson Charlevoix Hospital		9	18		
850054	Mobile #20	1	2,564	4,154		0
830420	Ascension St. John Hospital		2,096	3,329		
50C655	St. John MC/Macomb Township		468	825		
850230	Mobile #21	1	3,926	7,325		322
670021	Spectrum Health - Reed City Hosp		1,975	4,394		
706001	Spectrum Health Grand Haven Ctr		1,951	2,931		
890148	Mobile #28	2	4,685	8,302		0
810010	Forest Health Medical Ctr		160	230		
63C839	Henry Ford Medical Ctr-Columbus		1,015	1,908		
63C113	Henry Ford Medical Ctr-Royal Oak		1,579	2,920		
70C012	Holland Medical Office Building		162	166		
490030	Mackinac Straits Hosp and Hlth Ctr		882	1,738		
280010	Munson Medical Center		7	17		
63C013	Parkwood Imaging		818	1,242		
63C087	Precise MRI of Michigan		53	68		
230022	Sparrow Eaton Hospital		9	13		
900223	Mobile #34	2	8,504	16,634		0
506842	HF Macomb Hlt - Chesterfield		1,252	1,971		
500110	Henry Ford Hlth Macomb Hosp		3,058	5,820		
400020	Kalkaska Memorial Health Center		1,935	4,071	<u>4</u>	
150021	Munson Charlevoix Hospital		1,132	2,327		
282604	Munson Healthcare Foster Family		422	927		
100020	Paul Oliver Memorial		705	1,518		
910178	Mobile #41	1	4,574	7,269		269
820120	Beaumont Hospital - Dearborn		4	5		
63C733	Beaumont Med Ctr/West Bloomfield		4,570	7,264		

**MRI Service Utilization List
November 1, 2023 Footnotes**

AP – Adjusted Procedures

AAP – Available Adjusted Procedures

1 - Includes existing, approved, and applications for additional magnets that have been deemed submitted or under appeal.

2 - Adjustments are defined in Section 16 of the Certificate of Need Review Standards for Magnetic Resonance Imaging.

3 - New MRI service, not a full year of data available for this reporting period.

4 - This MRI site submitted an application for a fixed MRI unit/service under Section 3(2) of the currently approved MRI Standards. Section 18(1)(a)(ii) states “the MRI adjusted procedures, from the host site routes utilized to meet the requirements of Section 3(2)(c), shall be excluded beginning at the time the application is submitted and for three years from the date the fixed MRI unit becomes operational.”

5 - This fixed MRI Service has applied for expansion under Section 5(1)(b). Section 18(1)(a)(iii) states that “the MRI adjusted procedures utilized to meet the requirements of Section 5(1) shall be reduced by 8,000 and shall be excluded beginning at the time of the application is submitted and for three years from the date the fixed MRI unit becomes operational.”

6 - Fixed MRI services located in rural or micropolitan statistical areas are subject to the provisions of Section 16(2)(e) when proposing a subsequent fixed MRI unit (second, third, etc.) according to Section 5 (1).

7 - This MRI Service is a dedicated pediatric magnet that was approved under Section 8. Section 18(1)(a) (i) states “dedicated pediatric MRI approved pursuant to Section 8 shall be excluded.”

8 - The magnet at this site was relocated from an original site with footnote no. 10 in accordance with Section 4(6). For volume purposes, however, these sites will be combined as one service for a period of 3 years from the start of clinical operation of the relocated magnet. Available adjusted procedures for either site will be reported under the original site.

9 - This MRI service does not have a full year of data due to missing data, invalid data, or the service not operating during a quarter(s).

10 - A fixed magnet from this MRI Service has been relocated in accordance with Section 4(6). The relocated magnet will be shown as a new MRI Service with footnote no. 8. All data from the relocated magnet will be reported at the new service site. For volume purposes, however, these sites will be combined as one service for a period of 3 years from the start of clinical operation of the relocated magnet. Available adjusted procedures for either site will be reported under the original site.

11 - This MRI Service is an Intra-operative MRI that was approved under Section 9. Section 9(8) states “The applicant shall not utilize the procedures performed on the IMRI unit to demonstrate need or to satisfy MRI CON review standards requirements.”

Note: The data represents all accepted data available to the department for the July 1, 2022 through June 30, 2023, reporting period. The data does not include:

- a. Data that was not submitted on a timely basis.
- b. Data that has not completed system edits.
- c. The subtraction of doctor commitments for Certificate of Need applications for Magnetic Resonance Imaging services that were filed on or after the above report preparation date.

Source: Certificate of Need Review Standards for MRI Services (Effective January 26, 2023)
Certificate of Need Section, Michigan Department of Health and Human Services